	PATEN1	APPLICATI	ON EEE	DETERM	EINI AT	ION DECC	\ D C		Applicati	on or.	Docket Nu	mber .	
	;		ctive Octo			ION HECC	HL	'	۰			·	
_		CI AIMS	S EII ED	DADT					\ <u>\ \ \</u>	_/_	<u>5.0 e</u>		4
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OF		R THAN ENTITY	
Ľ	OTAL CLAIM	S 	1 3	0				RATE	FEE		RATE	FEE	1
FOR .			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	OF	BASIC FEI	+	1
T	OTAL CHARGE	300	3 ° minus 20=		- \ 0		X\$ 9=		OF	XS18=	180	1	
INDEPENDENT CLAIMS			2	minus 3 =		0		X43=		OF	Yes	100	1
M	JLTIPLE DEPE	ENDENT CLAIM I	PRESENT					: 1.15 -	 	7		+	1
• 1	the difference	e in column 1 is	s less than a	zero, enter	"0" in	column 2		+145=	-	OF	<u> </u>		4
		CLAIMS AS	AMENDE	D - PAR'	T II			IOIAL	L	OF	_	950	4
		(Column 1)					umn 3) S	SMALL	ENTITY	OR		R THAN ENTITY	
NT A	2/25/09	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL	1
AMENDMENT	Total	.30	Minus		10	=	İ	XS 9=	1 , , , ,	OR	X\$18=	FEE	1
ME	Independent	• 4	Minus	***	3	= /	ł	X43=		1	X86=	100	1
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR		300	1
		•		•				+145=		OR	+290=		1
				•			A	TOTAL DDIT. FEE		OR	ADDIT, FEE		4
-	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							·					
0		REMAINING	1 .	NUMB	ER	PRESENT			ADDI-			ADDI-	l
AMENDMEN		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL		RATE	TIONAL	Į
	Total	•	Minus	**	UN		H		FEE	1		FEE	ł
	Incependent		Minus	***	-	=	-	X\$ 9=	·	OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDEN			PENDENT (CLAIM		L	X43=		OR	X86=		
				· ·				+145=		OR	+290=		
							AE	TOTAL DIT. FEE	•	OR	TOTAL ADDIT. FEE		İ
		(Column 1)	•	· (Columi	1_2)	(Column 3)							
,	<u> </u>	CLAIMS REMAINING		HIGHE	ST			1	ADDI-	} f	- 1	ADDI-	ŀ
		AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total		Minus	**		.		X\$ 9=	166	OR	X\$18=		
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	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		L	X43=	(`	OR	X86=		
	the enter in eather						L	145=		OR	+290=		
~ If	the "Highest Nur	nn 1 is less than the nber Previously Pal	d For' IN THIS	S SPACE is to	we than	20 enter '20 "	AD:	TOTAL DIT. FEE		OR .	TOTAL DDIT. FEE		
11	the "Highest Nur	mber Previously Paid ber Previously Paid	d For IN THI	S SPACE is I	ess than	3. enter "3."			ropriate box	^			
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